

Landon State Office Building  
900 SW Jackson Street, Room 1031  
Topeka, KS 66612-1228



phone: 785-296-7296  
fax: 785-296-6212  
www.ksbems.org

Dr. Joel E Hornung, Chair  
Joseph House, Executive Director

Laura Kelly, Governor

### Application for Variance

Applicant Name: \_\_\_\_\_

Applicant Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Check one:                      ☐ Operator  
                                      ☐ Attendant  
                                      ☐ Instructor/Coordinator  
                                      ☐ Training Officer

Regulation number(s) for which you are seeking a variance: K.A.R. \_\_\_\_\_

Length of time for which a variance is sought: \_\_\_\_\_

Purpose for seeking a variance: \_\_\_\_\_  
\_\_\_\_\_

Explain/describe expected benefits to the public: \_\_\_\_\_  
\_\_\_\_\_

Number of persons involved: \_\_\_\_\_ or Number and identification of units involved: \_\_\_\_\_

#### Local Conditions of Variance

(A) If applicable, explain/describe how local conditions are such that the regulation's requirements cannot be met:

\_\_\_\_\_  
\_\_\_\_\_

(B) Will the variance violate Kansas statutes?                      ... Yes                      ... No

(C) Will the variance endanger the public's health and welfare?                      ... Yes                      ... No

(D) Will the variance deviate from the spirit and intent of the regulation for which the variance is requested?  
                                  ... Yes                      ... No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Unusual Facts/Circumstances of the Variance**

*(if the question regarding local conditions is not applicable)*

(A) Explain/describe any unusual facts or circumstances which make strict compliance with the regulation from which the variance is sought impractical or unduly burdensome.

---

---

(B) Explain/describe how strict compliance with the regulation from which the variance is sought would cause a hardship to you without equal or greater benefit to the public.

---

---

(C) Explain/describe how the issuance of a variance would not otherwise violate Kansas law, endanger or tend to endanger the public health and safety, or constitute a serious hazard or inability to provide needed services to persons who may use your services.

---

---

(D) Are you otherwise in compliance with the requirements of applicable regulations?

... Yes

... No

If No, please explain: \_\_\_\_\_

---

*Please provide any supportive data which demonstrates that the variance will not endanger or increase the risk to public health or safety.*

For Instructor/Coordinators or Training Officers requesting a variance, explain/describe how the variance sought will not jeopardize the quality of instruction:

---

---

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

***For Board Use Only***

*Committee comments, reason for denial or specific restrictions for the variance*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature